24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee United States Postal Service	Date of Public Distribution/Dissemination
	03 / 20 / 2014
Mailing Address 401 E South St	Amount
City State Zip Code	4803.71
Jackson MS 39201	Transaction ID : SE.4186 Date of Disbursement or Obligation
Purpose of Expenditure Postage Category/ Type 004	03 / 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expanditure	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4803.71
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	4803.71
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	03 21 2014
Signature	